

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 4-21-03.

I. DISPUTE

Whether there should be reimbursement for CPT code 64708.

II. FINDINGS & RATIONALE

The respondent denied reimbursement based upon "F – Multiple surgical procedures billed on the same day will be reimbursed at 100% for the major procedure and 50% for each subsequent procedure per Surgery Ground Rule D, page 64 04/01/96 Texas Medical Fee Guideline."

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
5-13-02	64708	\$1012.00	\$506.00	F	\$1012.00	Surgery GR (I)(D)((1)(b)(ii)	Per MFG, no additional reimbursement is due.

III. DECISION

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is not** entitled to reimbursement for CPT code (64708).

The above Findings and Decision are hereby issued this 2nd day of February 2005.

Medical Dispute Resolution Officer
Medical Review Division